

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

APPLICATION FOR AQUIFER STORAGE AND RECOVERY PERMIT
TO CONSTRUCT AND TO STORE FOR BENEFICIAL USE
WATERS OF THE STATE OF WASHINGTON

\$50.00 MINIMUM STATUTORY FILING FEE REQUIRED WITH APPLICATION
(GRAY BOXES FOR OFFICE USE ONLY)

RECEIVED

APR 10 2009

Dept of Ecology

WR-NWRO

CK #50023

\$50-

4/10/09

APPLICATION NUMBER R1-28616	W.R.I.A. 1	COUNTY Whatcom	PRIORITY DATE 4/10/09	TIME	ACCEPTED DB
APPLICANT'S NAME CITY OF LYNDEN			TELEPHONE NUMBER (360) 354-3446		
DATE AND PLACE OF INCORPORATION, IF APPLICANT IS A CORPORATION N/A					
ADDRESS (STREET) 300 4TH STREET		(CITY) LYNDEN	(STATE) WA	(ZIP CODE) 98364	
1. SOURCE, USE, AND CAPACITY OF STORAGE AQUIFER					
NAME OF PROPOSED ASR PROJECT CITY OF LYNDEN ASR			WATER RESOURCE INVENTORY AREA (W.R.I.A.) WRIA 1		
NAME OF STREAM OR OTHER SOURCE FOR PROJECT SUPPLY AND WATER RIGHT NUMBER(S) NOOKSACK RIVER, SEE ATTACHED TABLE			TRIBUTARY OF N/A		
NUMBER OF ACRE FEET TO BE STORED AT MAXIMUM OPERATING LEVEL 25 AC. FT			MONTHS OF YEAR DURING WHICH AQUIFER IS TO BE FILLED When Nooksack is meeting minimum flow requirements		
APPROXIMATE AREAL EXTENT OF STORAGE AQUIFER UNKNOWN					
BENEFICIAL USE(S) TO BE MADE OF IMPOUNDED WATER (MUNICIPAL, IRRIGATION, ETC.) MUNICIPAL					
NUMBER OF ACRES TO BE IRRIGATED, IF USED FOR IRRIGATION N/A					
2. LOCATION OF RECOVERY WELLS					
ACCURATELY IDENTIFY EACH PROPOSED RECOVERY WELL TO THE NEAREST SECTION 1/4 1/4 OR ALTERNATIVELY PROVIDE COUNTY PARCEL #'S IN ADDITION PROVIDE A MAP SHOWING THE LOCATIONS RELATIVE TO CITY MAJOR WATER FEATURES AND WRIA BOUNDARIES					
WELL(S) LOCATED WITHIN (SEC. 1/4 1/4 OR PARCEL #)	WRIA	SECTION	TOWNSHIP N	RANGE (E. OR W.)	WELL TAG ID
UNKNOWN	1	20	40N	3E	—
UNKNOWN	1	21	40N	3E	—
TYPE AND CAPACITY OF RECOVERY WELLS UNKNOWN, TO BE DETERMINED					
DISTANCE AND BEARING TO SECTION CORNER FOR EACH WELL UNKNOWN TO BE DETERMINED					
DO YOU OWN PROPERTY LOCATION(S) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, HAVE YOU SECURED PERMISSION FROM THE OWNER(S) <input type="checkbox"/> YES <input type="checkbox"/> NO			

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3.

LOCATION OF INJECTION WELL(S) OR RECHARGE POND(S)					
ACCURATELY IDENTIFY EACH PROPOSED RECOVERY WELL TO THE NEAREST SECTION 1/4 1/4 OR ALTERNATIVELY PROVIDE COUNTY PARCEL #'S IN ADDITION PROVIDE A MAP SHOWING THE LOCATIONS RELATIVE TO CITY MAJOR WATER FEATURES AND WRIA BOUNDARIES					
WELL(S) LOCATED WITHIN (SEC. 1/4 1/4 OR PARCEL #)	WRIA	SECTION	TOWNSHIP N	RANGE (E. OR W.)	WELL TAG ID
UNKNOWN	1	20	40N	3E	—
UNKNOWN	1	21	40N	3E	—
TYPE AND CAPACITY OF INJECTION WELLS					
UNKNOWN TO BE DETERMINED					
DISTANCE AND BEARING TO SECTION CORNER FOR EACH WELL					
UNKNOWN TO BE DETERMINED					
DO YOU OWN PROPERTY LOCATION(S)		IF NO, HAVE YOU SECURED PERMISSION FROM THE OWNER(S)			
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. PROJECT SCHEDULE					
ESTIMATED COST OF PROPOSED WORK					
UNKNOWN					
PROJECT WILL BEGIN ON OR BEFORE (DATE)			PROJECT WILL BE COMPLETED ON OR BEFORE (DATE)		
APRIL MAY 15, 2009			UNKNOWN		
5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED (IF DIFFERENT THAN ABOVE)					
SECTIONS, TOWNSHIPS AND RANGES IN AREAS WHERE WATER IS TO BE BENEFICIALLY USED OR LEGAL DESCRIPTION FROM TAX STATEMENT (ATTACH MAP)					
CITY OF LYNDEN WATER SERVICE AREA					
DO YOU OWN THIS PROPERTY					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
IF NO, GIVE NAME AND ADDRESS OF OWNER					
N/A					

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6.

PROJECT CHECKLIST

THE FOLLOWING LIST REPRESENTS THE MINIMUM REQUIREMENTS FOR ISSUANCE OF AN AQUIFER STORAGE AND RECOVERY PERMIT. ANY ITEM NOT FULLY EXPLAINED IN THIS APPLICATION AND ATTACHED DOCUMENTATION MUST BE ANSWERED DURING THE PILOT PROJECT PHASE OF THE ASR PERMIT

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|---|---|
| <input type="checkbox"/> HAVE YOU PROVIDED A DESCRIPTION (CONCEPTUAL MODEL) OF THE HYDROGEOLOGICAL SETTING (see WAC 173-157-120)? | <input type="checkbox"/> HAVE YOU PROVIDED AN ENVIRONMENTAL ASSESSMENT AND ANALYSIS FOR THE PROPOSED PROJECT (see WAC 173-157-150)? |
| <input type="checkbox"/> HAVE YOU PROVIDED AN OPERATIONAL PLAN OF THE PROPOSED PROJECT (see WAC 173-157-130)? | <input type="checkbox"/> HAVE YOU PROVIDED A MITIGATION PLAN FOR THE PROPOSED PROJECT, IF REQUIRED (see WAC 173-157-160)? |
| <input type="checkbox"/> HAVE YOU PROVIDED A DESCRIPTION OF THE LEGAL FRAMEWORK OF THE PROPOSED PROJECT (see WAC 173-157-140)? | <input type="checkbox"/> HAVE YOU PROVIDED A MONITORING PLAN FOR THE PROPOSED PROJECT (see WAC 173-157-170)? |

CITY ADMINISTRATOR



SIGNATURE OF APPLICANT

STATE OF WASHINGTON }
DEPARTMENT OF ECOLOGY } ss.

This is to certify that I have examined the foregoing application together with the accompanying maps and data, and return the same for correction or completion as follows:

In order to retain its priority, this application must be returned to the Department of Ecology, with corrections, on or before, 19.....

Witness my hand this day of, 19.....

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Department of Ecology